Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4193AGC	A. BUILDING _____ B. WING _____	11/19/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD INCORPORATED	365 WEST A STREET FALLON, NV 89406

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Y 000	Initial Comments Surveyor: 11456 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/19/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 53 Residential Facility for Group beds for elderly and disabled persons, 28 Category I beds and 25 Category II residents. The census at the time of the survey was 43 residents. Fifteen resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The facility received a survey grade of D. The following deficiencies were identified:	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 11456	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Based on record review on 11/19/09, the facility failed to ensure that 2 of 9 caregivers received eight hours of annual training (Employee #1 and #7 did not have evidence of at least eight hours of training in the last 12 months). Severity: 2 Scope: 2	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review on 11/19/09, the facility failed to ensure that 2 of 11 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #1 and #2 did not have evidence of testing positive for TB to allow for the use of a chest x-ray) for the protection of all residents. This was a repeat deficiency from the 11/25/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check	Y 105		

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Y 105	Continued From page 2 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review on 11/19/09, the facility failed to ensure 2 of 11 employees met background check requirements (Employee #6 - no fingerprints in file and #9 - no FBI background check in file). Severity: 2 Scope: 1	Y 105		
Y 430 SS=F	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Surveyor: 11456 Based on observation, interview and record review on 11/19/09, the facility failed to ensure its fire alarm system had been	Y 430		

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Y 430	Continued From page 3 Findings include: During the review of the facility's fire alarm system, the "Ground Fault" trouble light was observed to be on. The maintenance man reported the light had been on for "several weeks" and the fire alarm company had been notified. He reported the fire alarm company has been out to check the system on previous occasions when the trouble light came on and has not been able to identify the cause. The administrator reported she tested the alarm system when the trouble light first appeared on 10/23/09 and the alarm activated. The trouble light had been on for three and 1/2 weeks without being checked by the alarm company. The State Fire Marshal's office Certificate of Occupancy (CO) posted in the facility was dated November 2004 and did not reflect the current status of the facility. The posted CO indicated the facility was licensed for 23 Category I and 20 Category 2 beds, instead of 28 Category I and 25 Category 2 beds. Severity: 2 Scope: 3	Y 430		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 11456	Y 444		

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Y 444	Continued From page 4 Based on interview, observation and record review on 11/19/09, the facility could not provide evidence that smoke detectors were tested 12 out of the past 12 months (January through November 2009; December 2008). Findings include: The corridors and community rooms of the facility were equipped with smoke detectors that were wired into the fire alarm system and setting off one unit would cause all the other units to alarm. Review of the facility records did not reveal a smoke detector testing log and a lack of documentation of monthly smoke detector testing on the fire drill logs. The administrator reported she initiates the monthly fire drills by setting off a smoke detector with canned smoke in different areas of the facility each month. The use of smoke detectors during fire drills was not documented consistently on the fire drill forms, and there were early morning fire drills that were noted to be "silent drills" where no alarms were set off. There was no evidence that smoke detectors were then tested at another time during the month. The administrator was not able to provide a can of smoke to test the smoke detectors on the day of the survey, saying she ran out of canned smoke but had ordered more. The purchase order was dated the day of the survey. Single station, battery operated smoke detectors were observed in several resident rooms. The maintenance man reported these detectors were installed in the rooms of residents who smoked. There was no documentation of testing of each of these units every month. The maintenance man and the administrator stated they had not been	Y 444		

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Y 444	Continued From page 5 testing these individual units. The administrator reported the facility no longer allowed smoking in the residents rooms and the single-station units would be removed. The maintenance man was observed removing the units from the resident rooms. Severity: 2 Scope: 3	Y 444		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Surveyor: 11456 Based on observation and interview on 11/19/09, the facility failed to ensure a mask for cardiopulmonary resuscitation (CPR) was available with the first aid kit.	Y 451		

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Y 451	Continued From page 6 Severity: 2 Scope: 3	Y 451		
Y 693 SS=E	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	Y 693		

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Y 693	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 11456 Based on observation and interview on 11/19/09, the facility failed to ensure signs that notify persons that oxygen was in use and no smoking was allowed were not posted at 2 of 4 room where oxygen was in use. The facility did not have a notice posted at the entrance that it was a non-smoking facility. Severity: 2 Scope: 2	Y 693		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review, observation and	Y 878		

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Y 878	Continued From page 8 interview on 11/19/09, the facility failed to ensure that 1 of 15 residents (Resident #6) received medications as prescribed, and 3 of 15 residents had "as needed" (PRN) medications available in the facility (Resident #9, #10 and #11). Findings include: Resident #6: The resident was prescribed Docusate Sodium 100 milligrams (mg), one tablet at bedtime. The September 2009 medication administration record (MAR) listed the medication was to be given "as needed" (PRN). Resident #9: The resident was prescribed Atrovent 42 micrograms (mcg) 0.06% spray two times in each nostril PRN for a runny nose. The medication was not available in the facility if the resident needed it. Resident #10: The resident was prescribed Nystatin/Triamcinolone skin cream to apply to the affected areas twice a day as needed. The medication was not available in the facility if the resident needed it. Resident #11: Albuterol MDI, two puffs every four hours PRN for shortness of breath. The medication was not available in the facility if the resident needed it. Severity: 2 Scope: 1	Y 878		
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 879		

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Y 879	Continued From page 9 physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review and interview on 11/19/09, the facility failed to ensure the label on the prescribed medication bottle matched the changed physician order for 1 of 15 residents (Resident #3 - Fluticasone) Severity: 2 Scope: 1	Y 879		
Y 883 SS=E	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review and interview on 11/19/09, the facility failed to ensure the physician was notified within 12 hours when residents refused a dose of prescribed medication for 4 of	Y 883		

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Y 883	Continued From page 10 15 residents (Resident #1, #10, #11 and #12) Severity: 2 Scope: 2	Y 883		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation, record review and interview on 11/19/09, the facility failed to destroy the unused or discontinued medications of 4 of 15 residents (Resident #1, #10, #12 and #13). Severity: 2 Scope: 2	Y 885		
Y 908 SS=D	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers	Y 908		

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Y 908	Continued From page 11 medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review on 11/19/09, the facility did not ensure the medication record was complete for 3 of 15 residents receiving as needed (PRN) medications (Resident #6 - Tylenol and an allergy medication were not listed on the MAR, Resident #10 - Lorazepam not listed on MAR and Resident #11 - Tylenol and magnesium citrate were not listed on the MAR). Severity: 2 Scope: 1	Y 908		
Y 922 SS=F	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of	Y 922		

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Y 922	Continued From page 12 the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation on 11/19/09, the facility failed to ensure medications were plainly labeled with the name of the resident the medication was approved for and the physician's name for 15 of 15 residents (Resident #2 - Fosrenol 1000 mg; Resident #9-Miacalcin Spray, Metamucil; Community bottles of medication including Medi-Tussin, Milk of Magnesia). Severity: 2 Scope: 3	Y 922		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 11/19/09, the facility	Y 936		

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Y 936	Continued From page 13 failed to ensure 1 of 15 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #12-second step TB test was not read) which affected all residents. Severity: 2 Scope: 3	Y 936		
Y1001 SS=F	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review and interview on 11/19/09, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was documented as received within 60 days of hire by 4 of 4 caregivers hired within the last 12 months	Y1001		

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Y1001	Continued From page 14 (Employee #2, #4, #6 and #10. Administrator reported the new employees shadow an experienced employee while on the job. These and any other hours of initial training were not being documented). Severity: 2 Scope: 3	Y1001		